



PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/506,596-Conf. #2845	
	Filing Date	September 3, 2004	
	First Named Inventor	Nicholas Amato	
	Art Unit	2155	
	Examiner Name	O. L. Duong	
Total Number of Pages in This Submission	3	Attorney Docket Number	414348015US1

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Supplemental Application Data Sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	PERKINS COETLLR		
Signature			
Printed name	Shaalu Mehra		
Date	8-21-2007	Reg. No.	44,934

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 8-21-2007 Signature: (Susan L. Baka)



Supplemental Application Data Sheet

Application Information

Application number::	10/506,596
Filing Date::	09/03/04
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	2155
Title::	FIBONACCI HEAP FOR USE WITH INTERNET ROUTING PROTOCOLS
Attorney Docket Number::	41434-8015.US01
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	15
Small Entity?::	No
Petition included?::	No
Petition Type::	None
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Nicholas
Family Name::	Amato
City of Residence::	Concord
State or Province of Residence::	CA
Country of Residence::	US

Street of mailing address:: 4408 Indigo Ct.
City of mailing address:: Concord
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94521

Correspondence Information

Correspondence Customer Number:: 22918

Representative Information

Representative Customer Number:: 22918

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	US03/019674	06/20/03
	Which claims benefit of US Provisional	60/390,576	06/21/02

Assignee Information

Assignee name:: NextHop Technologies, Inc.
Street of mailing address:: 825 Victors Way, Suite 100
City of mailing address:: Ann Arbor
State or Province of mailing address:: MI
Postal or Zip Code of mailing address:: 48108